

## Appendix VI

### Sample Parent Satisfaction Surveys

- 1) Ventura County, Special Education Local Plan (SELPA) Parent Questionnaire - 1995-1996
- 2) El Condado de Ventura, Area del Plan Local de la Educacion Especial (SELPA), Cuestionario Para Padres - 1995 -1996
- 3) Ventura County Special Education Local Plan Area (SELPA), Public Forum Input Sheet
- 4) Area de Plan Local en Educacion Especial del Condado de Ventura (SELPA), Hoja para la Informacion de la Discusion Publica
- 5) Family Focus Resource Center, Guests Questionnaire
- 6) Children's Therapy Center, Inc., Questionnaire
- 7) Special Education Survey
- 8) CARE Program Evaluation, Contra Costa County
- 9) The Community Advisory Committee for Special Education, November Focus Session, San Diego Unified School District
- 10) Comite Consultivo de la Comunidad (CAC) Para el Programa de Educacion Especial, Enfoque de la Sesion de Noviembre, En el Distrito Escolar de San Diego

**Ventura County  
Special Education Local Plan Area (SELPA)  
PARENT QUESTIONNAIRE - 1995-1996**

Dear Parents:

Our Community Advisory Committee is interested in your personal experiences with special education programs. We will use your input to improve services and facilitate communication with parents. Please return by \_\_\_\_\_ to Ventura County SELPA-CAC, 5189 Verdugo Way, Camarillo, California 93012.

If you have more than one child in special education, feel free to fill out more than one form. We appreciate your comments and participation. Questions? Please call (805) 383-1920.

**PLEASE RESPOND TO THESE QUESTIONS:**

School District: \_\_\_\_\_

This was completed after:	<input type="checkbox"/> Initial IEP	<input type="checkbox"/> On-going IEP		
My child's educational level is:	<input type="checkbox"/> Elementary	<input type="checkbox"/> Intermediate/Middle	<input type="checkbox"/> Secondary/High School	
My child's program is:	<input type="checkbox"/> Special Day Class	<input type="checkbox"/> Resource Specialist Program	<input type="checkbox"/> Other	
My child has been in special ed.:	<input type="checkbox"/> less than 1 year	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> more than 3 years	

	Strongly Agree	Agree	Undecided/ Don't Know	Disagree	Strongly Disagree
I (and my child, when appropriate) participated in the development of the IEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my child's special education program meets his/her individual needs and that he/she is progressing adequately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand my rights under special education law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is given appropriate opportunities to interact with all students, with and without disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child has been in special education for more than 5 years, STOP HERE. If not, please continue.....

When my child was first referred and assessed for special education, my questions were answered by the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessment results and the reason for my child's placement in special education were clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was informed of all the appropriate program options and services available to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any suggestions or comments? \_\_\_\_\_

**El Condado de Ventura**  
**Area del Plan Local de la Educación Especial (SELPA)**  
**Cuestionario Para Padres - 1995-1996**

Estimados Padres:

Nuestro Comité Consejero para la Comunidad esta interesado en su propia experiencia personal con los programas de educación especial. Usaremos sus respuestas para mejorar servicios y facilitar la comunicación con padres. Por favor regrese esta forma antes del \_\_\_\_\_ a VCSELPA-CAC, 5189 Verdugo Way, Camarillo, California 93012.

Si usted tiene mas de un niño/a en educación especial, por favor tome la libertad de llenar mas de una forma. Agradecemos sus comentarios y participación. Si tiene alguna pregunta, por favor llame al (805) 383-1919.

**POR FAVOR CONTESTE ESTAS PREGUNTAS:**

Distrito Escolar: \_\_\_\_\_

Esta forma fue completada después:

El nivel de educación de mi hijo/a es:

El programa de mi hijo/a es:

☐ del IEP inicial

☐ Primaria

☐ Clases Especiales de Dia

☐ A continuación del IEP

☐ Secundaria

☐ Programa con una  
Especialista de Recurso

☐ Preparatoria

☐ Otro

Mi hijo/a a estado en educación especial:

☐ menos de 1 año

☐ 1-3 años

☐ más de 3 años

	Muy De Acuerdo	De Acuerdo	Indeciso/ No Se	Desacuerdo	Muy Desacuerdo
Yo (y mi hijo/a, cuando apropiado) participamos en el desarrollo del IEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yo siento que el programa de educación especial de mi hijo/a alcanza sus necesidades individuales..

☐ ☐ ☐ ☐ ☐

Yo entiendo mis derechos bajo las leyes de la educación especial.

☐ ☐ ☐ ☐ ☐

A mi hijo/a se le dan las oportunidades apropiadas para convivir con todos los estudiantes, con y sin discapacidades.

☐ ☐ ☐ ☐ ☐

**SI SU HIJO/A A ESTADO EN LA EDUCACIÓN ESPECIAL POR MÁS DE 5 AÑOS, PARE AQUI. SI NO, POR FAVOR CONTINUE.....**

Cuando mi hijo/a fue referido por primera vez y evaluado por la educación especial, mis preguntas fueron contestadas por el personal de la escuela.

☐ ☐ ☐ ☐ ☐

Los resultados de la evaluación y la razón por la cual mi hijo/a fue puesto en educación especial fueron explicadas claramente.

☐ ☐ ☐ ☐ ☐

Fui informado de todos los programas opcionales apropiados y servicios disponibles para mi hijo/a.

☐ ☐ ☐ ☐ ☐

¿Tiene algunas sugerencias o comentarios? \_\_\_\_\_

# Ventura County Special Education Local Plan Area (SELPA) Public Forum Input Sheet

Please note your opinions on special education programs and services operated in all the school districts in Ventura county, the Ventura County Superintendent of Schools Office, and the Las Virgenes Unified School District.

How well are the programs and services we currently offer meeting the needs of students with disabilities? *Please note specific details of programs as appropriate. Offer suggestions for improvement if you have them.*

What additional programs and services are needed in order to meet the needs of our students?

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This information is optional:

Your role (*parent, agency staff, other*) \_\_\_\_\_

School district (*if appropriate*) \_\_\_\_\_

*If you are a parent:*

*What is the disability of your child?* \_\_\_\_\_

*What type of program is your child currently in (RSP, SDC, DIS only)?* \_\_\_\_\_

THANK YOU FOR YOUR INPUT. PLEASE FAX THIS FORM TO (805) 383-1915 OR MAIL ATTN:  
FRAN ARNER-COSTELLO, VENTURA COUNTY SELPA, 5189 VERDUGO WAY, CAMARILLO, CA  
93012, OR E-MAIL TO FARNERCO@VCSS.K12.CA.US

Area de Plan Local en Educación Especial del Condado de Ventura  
(SELPA)

Hoja para la Información de la Discusión Pública

Favor de anotar sus opiniones en los programas y servicios en la educación especial llevados a cabo en todos los distritos escolares del condado de Ventura, la oficina de la superintendencia de las escuelas, y el distrito escolar unificado de Las Virgenes.

¿Qué tan bien los programas y servicios que ofrecemos acatan las necesidades de los estudiantes con discapacidades? *Favor de anotar detalles específicos de los programas como corresponda. Ofresca cualquier sugerencia que tenga para mejoramiento.*

¿Qué programas y servicios adicionales necesitamos para poder mejorar las necesidades de nuestros estudiantes?"

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Esta información es opcional:

Su función (padre, empleado de agencia, otro) \_\_\_\_\_

Distrito escolar (si es apropiado) \_\_\_\_\_

Si es un padre:

¿Cuál es la discapacidad de su hijo/a? \_\_\_\_\_

¿En qué tipo de programa actualmente está su hijo/a (RSP, SDC, DIS solamente)? \_\_\_\_\_

GRACIAS POR SU INFORMACION. FAVOR DE MANDAR ESTA FORMA POR FAX AL (805) 383-1915 O MANDARLA POR CORREO ATTN: FRAN ARNER-COSTELLO, VENTURA COUNTY SELPA, 5189 VERDUGO WAY, CAMARILLO, CA 93012, O E-MAIL A FARNERCO@VCSS.K12.CA.US

Family Focus Resource Center  
(Serving the San Fernando & Santa Clarita Valleys)

Guests Questionnaire

1. How did you hear about the Family Focus Resource Center (FFRC) ?
2. Can you name at least 3 of the services the FFRC provides ?
3. Who would you refer to the FFRC ?
4. Do you work with young children ?
5. What are the most important needs of parents ?
6. What suggestions do you have ?

Student\_\_\_\_\_ Parent\_\_\_\_\_ Agency Representative\_\_\_\_\_ Other\_\_\_\_\_  
Date\_\_\_\_\_

**Children's Therapy Center, Inc.**  
770 Paseo Camarillo, Suite 120  
Camarillo, CA 93010

**QUESTIONNAIRE**

Please tell us

I. About Yourself

Sex \_\_\_\_\_  
City, Zip Code \_\_\_\_\_  
Marital status \_\_\_\_\_

Is your child currently in treatment at  
The Children's Therapy Center? Yes \_\_\_\_\_ No \_\_\_\_\_

If you were referred but did not come here, it was  
due to \_\_\_\_\_

If your child was evaluated but you did not enroll  
him/her in treatment, it was because \_\_\_\_\_  
\_\_\_\_\_

II. Our offices

- |  |           |          |
|--|-----------|----------|
| 1. Is the location convenient?   | Yes _____ | No _____ |
| 2. Is the waiting room comfortable?                                      | Yes _____ | No _____ |
| 3. Is parking adequate?  | Yes _____ | No _____ |
| 4. What changes would you make to ensure our<br>offices are comfortable? | _____     |          |

III. Office staff

- |  |           |          |
|--|-----------|----------|
| 5. Do you find our receptionist<br>friendly?                 | Yes _____ | No _____ |
| 6. Are your phone calls answered<br>promptly & courteously?  | Yes _____ | No _____ |
| 7. Have you received a copy of our<br>business policies?     | Yes _____ | No _____ |
| 8. What changes would you make in our billing<br>procedures? | _____     |          |

IV. Our services

9. Do you feel you are aware of the services we offer? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you understand the nature of the services we offer? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Does the clinician tell you enough about your child's problem? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Do you understand the results of your child's testing? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Does the clinician spend enough time with you? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Would you like more educational materials from us? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_  
\_\_\_\_\_

V. Cost of services

15. Do you feel that our fees are high? \_\_\_\_\_  
average? \_\_\_\_\_  
low? \_\_\_\_\_

VI. Referral

16. How were you referred to us?
- Physician (name) \_\_\_\_\_
- Other professional \_\_\_\_\_
- Friends \_\_\_\_\_ Yellow Pages \_\_\_\_\_
- Other \_\_\_\_\_

VII. Comments

17. How can we make our services better for you and your family \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. Signature (optional) \_\_\_\_\_



## Special Education Survey

Please indicate your position

Teacher \_\_\_\_\_  
 Administrator \_\_\_\_\_

Years in the district \_\_\_\_\_

This survey is being conducted to determine the level of overall awareness that district staff have regarding the State's Strategic Plan for Special Education and to determine what the staff feels are areas of concern and require further development as well as areas where we are doing a good job.

Using a scale of 1-5 with 5 being the highest (strongly agree) please indicate how you feel the district is doing in implementing each idea related to the states Strategic Plan and additional items included based on specific district concerns/needs.

1. The district provides a range of early intervention programs for infants and preschoolers	5 <i>strongly agree</i>	4	3 <i>neutral</i>	2	1 <i>strongly disagree</i>	_____ <i>Don't Know</i>
2. Prevention of problems and maintaining students in general education is a focus district wide	5 <i>strongly agree</i>	4	3 <i>neutral</i>	2	1 <i>strongly disagree</i>	_____ <i>Don't Know</i>
3. PUSD provides a variety of assessments including formal, informal, portfolio, curriculum based, etc	5 <i>strongly agree</i>	4	3 <i>neutral</i>	2	1 <i>strongly disagree</i>	_____ <i>Don't Know</i>
4. PUSD has well defined, appropriate student outcomes for special students as well as established quality indicators	5 <i>strongly agree</i>	4	3 <i>neutral</i>	2	1 <i>strongly disagree</i>	_____ <i>Don't Know</i>
5. Service delivery models for a varying range of abilities and needs are available	5 <i>strongly agree</i>	4	3 <i>neutral</i>	2	1 <i>strongly disagree</i>	_____ <i>Don't Know</i>
6. Education in the Least Restrictive environment is stressed and implemented district wide	5 <i>strongly agree</i>	4	3 <i>neutral</i>	2	1 <i>strongly disagree</i>	_____ <i>Don't Know</i>
7. Services for Low Incidence Handicapping conditions are provided in a specific geographical location to maximize resources and program efficiency	5 <i>strongly agree</i>	4	3 <i>neutral</i>	2	1 <i>strongly disagree</i>	_____ <i>Don't Know</i>

8. Transitions from all levels

ie. infant to Pre K

Pre K to K

K to Elementary

Elementary to Secondary

Secondary to Adult

are well supported for students and staff

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

9. Parents are encouraged to be an integral part of their child's individual program and the schools programs

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

10. The district has a sufficient number of qualified Special Ed personnel

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

11. Funding for Special Education is equitable and responsible

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

12. Full Inclusion of Special Education students should be a district wide focus

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

13. The Special education program as it currently exists provides sufficient support to students and staff in the areas of

Personal growth

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

Social/emotional growth

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

Academic progress

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

14. General education teachers are accepting of Special Education students in their

classes

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

on the school site

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

15. General education students are accepting of Special Education students in their

classes

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

on the school site

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

16. Special Education students should be educated at their home schools

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

17. The benefits of inclusion or mainstreaming in the area of social interactions are critical for Special Education students

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

18. There has been an increase in the number of students moving from Special Education programs to general education programs

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

19. The current delivery model for Special Education services is creating students who are ready to participate in life as productive adults

5	4	3	2	1	
<i>strongly agree</i>		<i>neutral</i>		<i>strongly disagree</i>	<i>Don't Know</i>

- |  |                            |   |                     |   |                               |                   |
|--|----------------------------|---|---------------------|---|-------------------------------|-------------------|
| 20. The current Special Education program is resulting in a high rate of students graduating from High School  | 5<br><i>strongly agree</i> | 4 | 3<br><i>neutral</i> | 2 | 1<br><i>strongly disagree</i> | <i>Don't Know</i> |
| 21. Special Education students are achieving passing grades (C or better) at a rate higher than previous years   | 5<br><i>strongly agree</i> | 4 | 3<br><i>neutral</i> | 2 | 1<br><i>strongly disagree</i> | <i>Don't Know</i> |
| 22. There is currently enough time allocated for General Ed. and Special Ed. teachers to collaborate about Special Ed. student needs   | 5<br><i>strongly agree</i> | 4 | 3<br><i>neutral</i> | 2 | 1<br><i>strongly disagree</i> | <i>Don't Know</i> |
| 23. Schools in PUSD are accepting of individual differences and diversity and perceive diversity as something to be valued   | 5<br><i>strongly agree</i> | 4 | 3<br><i>neutral</i> | 2 | 1<br><i>strongly disagree</i> | <i>Don't Know</i> |
| 24. Staff at sites in PUSD are sensitized to the needs of our diverse population and provide appropriate educational experiences and interactions based on the wide range of diversity | 5<br><i>strongly agree</i> | 4 | 3<br><i>neutral</i> | 2 | 1<br><i>strongly disagree</i> | <i>Don't Know</i> |
| 25. Additional comments: Please feel free to make any comments regarding strengths, weaknesses or suggestions for changes.   |                            |   |                     |   |                               |                   |

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# CARE Program Evaluation

**THIS IS YOUR CHANCE TO TELL US HOW WE'RE DOING!**

We would like to ask for your feedback to help us provide better service which meetsy the needs of parents of children with disabilities.

We would appreciate your candid response to the following questions. Please fold on the dotted lines, affix a stamp, and mail to us.

1.    *Are you:*         \_\_\_ a parent                  \_\_\_ a professional                  \_\_\_ other
2.    *Have you:*      \_\_\_ referred families to us                  \_\_\_ used CARE's service yourself
3.    *What services have you used?*         \_\_\_ information & referral    \_\_\_ attended a workshop  
      \_\_\_ received peer support from a Parent Resource Counselor    \_\_\_ used the library - - here  
      \_\_\_ received *The Link*         \_\_\_ received written information  
      \_\_\_ been matched to a support parent                  \_\_\_ attended a support group
4.    *Were your requests responded to in a timely manner?*         \_\_\_ yes                  \_\_\_ no
5.    *In general, how helpful or supportive was the service you received from CARE?*  
      \_\_\_ very helpful                  \_\_\_ somewhat helpful                  \_\_\_ not helpful

Please explain.

6. *Please tell us how we could improve services.*
7. *What services would you like to see us offer to parents?*    ☐ expand the library  
☐ parent-to-parent support            ☐ compiling and disseminating resource materials  
☐ support activities for other family members (siblings, grandparents, etc.)  
☐ outreach and services to specific cultural groups    ☐ information and referral - - - here  
☐ disability awareness activities            ☐ assistance in obtaining services  
☐ more trainings and workshops

**Comments:**

8. **OPTIONAL:** CARE would like to explore the feasibility of receiving corporate support. If you work for a corporation in Contra Costa County, please identify it if you would like to assist us in this effort.

THANK YOU FOR YOUR FEEDBACK AND SUPPORT.

Tape or staple shut.

The Community Advisory Committee for Special Education  
November Focus Session:

**SAN DIEGO UNIFIED SCHOOL DISTRICT'S**

**LOCAL PLAN  
FOR SPECIAL EDUCATION  
1997-2001**

*Join us . . .*

Thursday, November 14, 1996  
Lindbergh/Schweitzer School  
East Campus Auditorium  
7:00 p.m.

*To hear . . .*

highlights of and major revisions  
to our local plan

*To provide . . .*

public input and comment

The Local Plan for Special Education describes how our school district provides programs and services to individuals with exceptional needs. Upon approval by the San Diego City Schools Board of Education and the California State Board of Education, the new Local Plan becomes the primary document for the provision of special education in San Diego through the year 2001.

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Directions to Lindbergh/Schweitzer School:

The East Campus is located at 6991 Balboa Avenue, in East Clairemont (92111). From Hwy 805 north, exit Balboa west; turn left on Hathaway at first traffic light. From Hwy 5 north, exit Balboa East, turn right on Hathaway.

*For additional information on the Local Plan for Special Education contact the Exceptional Programs Department Professional Development Unit at 225-3877 (en Espanol, 225-3679).*

**COMITE CONSULTIVO DE LA COMUNIDAD (CAC)  
PARA EL PROGRAMA DE EDUCACION ESPECIAL  
Enfoque de la Sesión de Noviembre**

**EL PLAN LOCAL  
PARA EL PROGRAMA DE EDUCACION ESPECIAL  
1997-2001**

**EN EL DISTRITO ESCOLAR DE SAN DIEGO**

**Los esperamos...**

**El jueves 14 de noviembre de 1996  
Lindberg/Schweizer School  
En el Auditorio del "East Campus"  
7:00 p.m.**

**Para escuchar...**

**puntos esenciales y revisiones mayores en  
nuestro plan local**

**Para compartir...**

**sus sugerencias y comentarios**

**El plan local para la Educación Especial describe cómo nuestro distrito escolar provee programas y servicios a individuos con necesidades especiales. Al ser aprobado por la Junta de Educación del Distrito Escolar de San Diego y por la Junta de Educación del Estado de California, el nuevo Plan Local será el documento principal por medio del cual se determinarán los servicios de la educación especial en San Diego hasta el año 2001.**

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**Instrucciones para llegar a la escuela Lindbergh/Schweitzer School:**

**El "East Campus" (parte este de la escuela) está localizado en el 6991 Balboa Avenue. Para llegar desde la 805 Norte se sale por la calle Balboa y se toma Balboa West. Al llegar a la primera luz, el nombre de la calle es Hathaway, cruce a la izquierda. Si se viene por la 5 Norte, se sale por la calle Balboa East y se cruza a la derecha en la calle Hathaway.**

**Para mayor información, llame al teléfono 225-3679.**